

DODWORTH
URBAN DISTRICT COUNCIL



ANNUAL REPORT
OF THE
MEDICAL OFFICER
FOR THE YEAR 1951

D O D W O R T H
U R B A N D I S T R I C T C O U N C I L

A N N U A L R E P O R T
O F T H E
M E D I C A L O F F I C E R
F O R T H E Y E A R 1 9 5 1

Divisional Health Office,
The Gables,
Wombwell.

September, 1952.

ANNUAL REPORT
for the year ended 31st December, 1951.

To the Chairman and Members of the
Dodworth Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1951. The report has the same general outline as in previous years and again I have included a survey of the health services which are the administrative responsibility of the County Council as the Local Health Authority but which, even without that responsibility, are of no less interest or concern to you. A brief statement of and comment upon the hospital services affecting the district are also included to give the report the necessary measure of completeness and balance.

The vital statistics for the year were on the whole very favourable and the health of the people appeared to be satisfactory. Perhaps the most outstanding features of the vital statistics were the continued low infantile mortality rate and the remarkably small incidence of notifiable infectious diseases.

Last year, of course, was Census Year and it is worth noting that in the 20 years since the previous census the population of your district only increased by 17. Whether this is a good thing or not is a matter of opinion, certainly a small population often helps to preserve the best in village life and makes easier the possession of a true community spirit which, I believe, is of material assistance in the promotion of positive health. On the other hand we must remember that during the past 20 years the natural increase of population i.e. the excess of births over deaths was in the region of 700 and, therefore, approximately 683 potential citizens and ratpayers have been lost to Dodworth. The reasons why people choose either to stay in a district or to leave it are many and varied but adequate housing accommodation has always been an important factor and indeed in recent years has perhaps been the major factor on which a family's decision has been based. Housing plays a big part in the development of a district, the contentment and indirectly the health of the people depend upon it and I sincerely hope that your future housing development will progress more speedily than has proved possible in the past.

I would like to take the opportunity to thank the members of the Council for their support and continued interest in all matters relating to the health of the district, my divisional health staff for their willing assistance and your Sanitary Inspector, Mr. P.B. Hawley, for his loyal co-operation. He has prepared that part of the report dealing with the sanitary circumstances of the district.

I am,
Your obedient servant,

R. S. HYND

Medical Officer of Health.

A N N U A L R E P O R T

FOR THE YEAR 1951.

Statistics and Social Conditions of the Area.

| | | | | | | |
|--|-----|-----|-----|-----|-----|--------------|
| Area | ... | ... | ... | ... | ... | 1,857 acres. |
| Population (Census 1931) | ... | ... | ... | ... | ... | 4,245. |
| Population (Census 1951) | ... | ... | ... | ... | ... | 4,262. |
| Registrar General's estimate of resident population mid 1951 | ... | ... | ... | ... | ... | 4,238. |
| Number of inhabited houses | ... | ... | ... | ... | ... | 1,135. |
| Rateable Value | ... | ... | ... | ... | ... | £14,493. |
| Nett Product of a Penny Rate | ... | ... | ... | ... | ... | £55. 9s. 3d. |

Coal mining and agriculture are the principal occupations of the inhabitants of the district.

VITAL STATISTICS.

Live Births.

| | | | | Males | Females | Total |
|--------------|-----|-----|--------|-------|---------|-------|
| Legitimate | ... | ... | ... | 30 | 41 | 71 |
| Illegitimate | ... | ... | ... | 3 | - | 3 |
| | | | | — | — | — |
| | | | Totals | 33 | 41 | 74 |
| | | | | == | == | == |

The number of live births registered showed a decrease of one from the previous year. The Registrar General, once again, supplied a comparability factor for the births, a factor which relates the proportion of women of child bearing age in the district with the proportion in a standard population. The crude birth rate multiplied by this factor gives an adjusted birth rate which is strictly comparable with similar adjusted birth rates in other districts and with the birth rate for the country as a whole. The adjusted birth rate for the district was 18.0 per 1,000 estimated population compared with 17.7 per 1,000 estimated population for the previous year and with 15.5 per 1,000 estimated population for England and Wales.

Still Births.

There was only one stillbirth last year as compared with 4 in 1950. The still birth rate for the district was 0.23 per 1,000 estimated population which compares with 0.36 per 1,000 estimated population for England and Wales.

Deaths.

The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 13.5 per 1,000 estimated population compared with 10.4 for the previous year and 12.5 for England and Wales. There were 44 deaths among the inhabitants of your district during the year as compared with 35 deaths in the previous year. The increase was fairly apportioned between the sexes and in the main was accounted for by the increase in the number of deaths among persons over the age of 70 years. 15 of the deaths occurred in hospital and 51% of all deaths were due to heart and circulatory diseases. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

Infantile Mortality.

There was only one infant death last year with an infantile mortality rate of 13.5 per 1,000 live births as compared with 29.6 per 1,000 live births for England and Wales. For the fifth successive year the infantile mortality for Dodworth was lower than that for the country as a whole, an achievement which not only must give pleasure to all but one of which the district can be justly proud. The one death which did occur was in no way preventable and so while I cannot as yet write in an annual report no infantile death was recorded during the year I can at least write in this report that there were last year no infant deaths from preventable causes, a very happy statement for any Medical Officer of Health to be able to make. Equally on the credit side is the fact that there was only one still birth last year so the saving of infant life was real. The credit for all this must lie with the parents for their sound common sense and knowledge of the principles of infant management but may I suggest that this healthy attitude of parents, and particularly of mothers, towards the welfare of their children is in some degree a reflection of the work of the welfare clinic over the years. The doctor and nurses will ever be ready to help parents in their difficulties, to advise without wishing to take control from them, and if this fact is always appreciated then the outlook for infant welfare in the district will continue bright.

A COMPARISON OF INFANTILE DEATH RATES OF DODWORTH AND ENGLAND AND WALES FOR YEARS 1942 TO 1951.

| Year | Dodworth | England & Wales. |
|------|----------|---------------------|
| 1942 | 36 | 49 |
| 1943 | 43 | 49 |
| 1944 | 56 | 46 |
| 1945 | 153 | 46 |
| 1946 | 60 | 43 |
| 1947 | 29 | 41 |
| 1948 | 25 | 34 |
| 1949 | 21 | 32 |
| 1950 | 13 | 30 |
| 1951 | 13.5 | 29.6 |

Deaths in Age Groups.

| | | | | Male | Female | Total |
|---------------|-----|-----|-------|-----------|-----------|-----------|
| Under 1 year | ... | ... | ... | - | 1 | 1 |
| 1 - 5 years | ... | ... | ... | - | - | - |
| 5 - 10 years | ... | ... | ... | - | - | - |
| 10 - 15 years | ... | ... | ... | - | - | - |
| 15 - 20 years | ... | ... | ... | - | - | - |
| 20 - 25 years | ... | ... | ... | - | 1 | 1 |
| 25 - 35 years | ... | ... | ... | - | 1 | 1 |
| 35 - 45 years | ... | ... | ... | 2 | - | 2 |
| 45 - 55 years | ... | ... | ... | 4 | 3 | 3 |
| 55 - 65 years | ... | ... | ... | 5 | 4 | 9 |
| 65 - 70 years | ... | ... | ... | 3 | - | 3 |
| 70 - 75 years | ... | ... | ... | 3 | 2 | 5 |
| 75 - 80 years | ... | ... | ... | 7 | 3 | 10 |
| 80 - 85 years | ... | ... | ... | 3 | 2 | 5 |
| 85 - 90 years | ... | ... | ... | 2 | 1 | 3 |
| 90 and over | ... | ... | ... | - | 1 | 1 |
| | | | | <u>25</u> | <u>19</u> | <u>44</u> |
| | | | Total | | | |

Causes of Death in 1951.

| Causes of Death | | | | Male | Female |
|-----------------|---|-----|------------|-----------|-----------|
| 1. | Tuberculosis, respiratory | ... | ... | - | 1 |
| 2. | Tuberculosis, other | ... | ... | - | - |
| 3. | Syphilitic disease | ... | ... | - | - |
| 4. | Diphtheria | ... | ... | - | - |
| 5. | Whooping Cough | ... | ... | - | - |
| 6. | Meningococcal Infections | ... | ... | - | - |
| 7. | Acute Poliomyelitis | ... | ... | - | - |
| 8. | Measles | ... | ... | - | - |
| 9. | Other Infective and parasitic diseases | ... | ... | - | - |
| 10. | Malignant Neoplasm, stomach | ... | ... | 1 | - |
| 11. | Malignant Neoplasm, lung, bronchus | ... | ... | - | - |
| 12. | Malignant Neoplasm, breast | ... | ... | - | 2 |
| 13. | Malignant Neoplasm, uterus | ... | ... | - | - |
| 14. | Other malignant and lymphatic neoplasms | ... | ... | 4 | 3 |
| 15. | Leukaemia, Aleukaemia | ... | ... | - | - |
| 16. | Diabetes | ... | ... | 2 | - |
| 17. | Vascular Lesions of nervous system | ... | ... | 4 | 1 |
| 18. | Coronary disease, angina | ... | ... | 3 | - |
| 19. | Hypertension with heart disease | ... | ... | 4 | 1 |
| 20. | Other heart disease | ... | ... | 5 | 10 |
| 21. | Other circulatory disease | ... | ... | - | - |
| 22. | Influenza | ... | ... | - | - |
| 23. | Pneumonia | ... | ... | 1 | - |
| 24. | Bronchitis | ... | ... | - | - |
| 25. | Other diseases of respiratory system | ... | ... | - | - |
| 26. | Ulcer of stomach and duodenum | ... | ... | - | - |
| 27. | Gastritis, enteritis and diarrhoea | ... | ... | - | - |
| 28. | Nephritis and nephrosis | ... | ... | - | - |
| 29. | Hyperplasia of prostate | ... | ... | - | - |
| 30. | Pregnancy, childbirth, abortion, | ... | ... | - | - |
| 31. | Congenital malformations | ... | ... | - | - |
| 32. | Other defined and ill-defined diseases | ... | ... | - | 1 |
| 33. | Motor vehicle accidents | ... | ... | - | - |
| 34. | All other accidents | ... | ... | - | - |
| 35. | Suicide | ... | ... | 1 | - |
| 36. | Homicide and operations of war | ... | ... | - | - |
| | | | | <u>25</u> | <u>19</u> |
| | | | All causes | | |

Total of Births and Deaths in Dodworth
for the years 1942 to 1951.

| Year | No. of Births | No. of Deaths. |
|------|---------------|----------------|
| 1942 | 83 | 36 |
| 1943 | 92 | 39 |
| 1944 | 89 | 36 |
| 1945 | 78 | 52 |
| 1946 | 100 | 38 |
| 1947 | 104 | 38 |
| 1948 | 79 | 31 |
| 1949 | 94 | 36 |
| 1950 | 75 | 35 |
| 1951 | 74 | 44 |

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1951.

Based on the Registrar General's Figures

| | Dodworth Urban District | Aggregate W.Riding Urban Districts | West Riding Admin. County | England and Wales (prov'nal figures) |
|---|-------------------------------|---|------------------------------------|---|
| Birth rate per 1,000 estimated population | | | | |
| Crude | 17.5 | 15.6 | 15.8 | 15.5 |
| Adjusted | 18.0 | 15.9 | 16.1 | - |
| Death rate per 1,000 estimated population | | | | |
| Crude | 10.4 | 13.5 | 12.7 | 12.5 |
| Adjusted | 13.5 | 13.6 | 13.2 | - |
| Infective and parasitic diseases excluding tuberculosis but including venereal diseases | - | 0.11 | 0.10 | not available |
| Tuberculosis, respiratory | 0.24 | 0.24 | 0.24 | 0.28 |
| Tuberculosis, other | - | 0.04 | 0.04 | 0.04 |
| Tuberculosis, all forms | 0.24 | 0.28 | 0.28 | 0.32 |
| Cancer | 2.36 | 1.89 | 1.80 | 1.96 |
| Vascular lesions of the nervous system | 1.18 | 1.86 | 1.72 | not available |
| Heart and circulatory | 5.43 | 5.10 | 4.72 | do. |
| Respiratory diseases | 0.24 | 1.90 | 1.81 | do. |
| Maternal mortality | - | 0.81 | 0.83 | 0.79 |
| Infant mortality | 13.5 | 30.8 | 31.8 | 29.6 |
| Still Births | 13 | 26 | 26 | 23 |

Birth rates, Death rates, Analysis of Mortality, Maternal Mortality and Case-rates for certain Infectious Diseases in the year 1951. Provisional figures based on Quarterly Returns.

| | Dodworth U.D. | England and Wales | 126 County Boroughs & Great Towns (including London) | 148 smaller towns (Res. pop. 25,000 - 50,000 at 1931 census) | London admini- strative County |
|---|------------------|-------------------------|--|--|---|
| Rates per 1,000 Home Population | | | | | |
| Births: | | | | | |
| Live births | 18.0 | 15.5 | 17.3 | 16.7 | 17.8 |
| Still births | 0.23 | 0.36 | 0.45 | 0.38 | 0.37 |
| Deaths: | | | | | |
| All causes | 13.5 | 12.5 | 13.4 | 12.5 | 13.1 |
| Typhoid and para- typhoid fever | - | 0.00 | 0.00 | 0.00 | - |
| Whooping Cough | - | 0.01 | 0.01 | 0.01 | 0.01 |
| Diphtheria | - | 0.00 | 0.00 | 0.00 | 0.00 |
| Tuberculosis | 0.24 | 0.31 | 0.37 | 0.31 | 0.38 |
| Influenza | - | 0.38 | 0.36 | 0.38 | 0.23 |
| Smallpox | - | 0.00 | 0.00 | 0.00 | - |
| Acute poliomyelitis (including Polio- encephalitis) | - | 0.00 | 0.01 | 0.01 | 0.00 |
| Pneumonia | 0.24 | 0.61 | 0.65 | 0.63 | 0.61 |
| Notifications (corrected): | | | | | |
| Typhoid Fever | - | 0.00 | 0.00 | 0.00 | 0.01 |
| Paratyphoid Fever | 0.47 | 0.02 | 0.03 | 0.02 | 0.01 |
| Meningococcal Infection | - | 0.03 | 0.04 | 0.03 | 0.03 |
| Scarlet Fever | 0.23 | 1.11 | 1.20 | 1.20 | 1.10 |
| Whooping Cough | 0.23 | 3.87 | 3.62 | 4.00 | 3.11 |
| Diphtheria | - | 0.02 | 0.02 | 0.03 | 0.01 |
| Erysipelas | 0.23 | 0.14 | 0.15 | 0.12 | 0.15 |
| Smallpox | - | 0.00 | 0.00 | 0.00 | - |
| Measles | 0.23 | 14.07 | 13.93 | 14.82 | 14.64 |
| Pneumonia | 0.23 | 0.99 | 1.04 | 0.96 | 0.72 |
| Acute poliomyelitis (including Polio- encephalitis) | | | | | |
| Paralytic | 0.47 | 0.03 | 0.03 | 0.03 | 0.02 |
| Non-paralytic | - | 0.02 | 0.02 | 0.03 | 0.02 |
| Food Poisoning | - | 0.13 | 0.15 | 0.08 | 0.23 |
| Deaths: | | | | | |
| Rates per 1,000 Live Births | | | | | |
| All causes under 1 year of age | 13.5 | 29.6 | 33.9 | 27.6 | 26.4 |
| Enteritis and Diarr- hoea under 2 years of age | - | 1.4 | 1.6 | 1.0 | 0.7 |
| Notifications (corrected): | | | | | |
| Rates per 1,000 Total (Live & Still) Births | | | | | |
| Puerperal fever and pyrexia | - | 10.66 | 13.77 | 8.08 | 14.90 |

Maternal Mortality in England and Wales.

| Intermediate List Number and Cause | No. of Deaths | Rates per 1,000 | | Rates per million women aged 15 - 44 |
|---|------------------|---------------------------|--------|--|
| | | Total (Live and Still) | Births | |
| A115 Sepsis of pregnancy, childbirth and the puerperium | 70 | 0.10 | | |
| (Abortion with toxæmia | 3 | 0.00 | | 0 |
| A116 { Other toxæmias of pregnancy and the puerperium | 167 | 0.24 | | |
| A117 Haemorrhage of preg- nancy and childbirth | 91 | 0.13 | | |
| A118 Abortion without mention of sepsis or toxæmia | 37 | 0.05 | | 4 |
| A119 Abortion with sepsis | 66 | 0.09 | | 7 |
| A120 Other complications of pregnancy childbirth and the puerperium | 125 | 0.18 | | |

GENERAL PROVISIONS OF THE HEALTH SERVICES.

The provisions of residential accommodation for the aged and infirm and for those in need of care and attention rests with the County Council but last year I received no requests from Dodworth inhabitants for such accommodation. I am glad to report that it was not found necessary to take action under Section 47 of the National Assistance Act, 1948.

While hospital administration is not part of my duties, hospitals form a vital part of all health services, and I must comment in general terms on the adequacy or otherwise of the hospital service for your district. In general last year the hospital needs of the acute sick and of maternity patients, both as regard in-patient and out-patient treatment, were well provided for by the Sheffield and Barnsley hospitals. The arrangements for hospital treatment for those suffering from infectious diseases were excellent and there was marked improvement in the admission rate of tuberculosis patients to sanatoria. Hospital facilities for the chronic sick were not entirely satisfactory, though better than the previous year, but as in 1950 the most difficult problem was the provision of hospital treatment for persons suffering from mental illness and particularly those suffering from mental deficiency. The number of mental defectives in my division requiring institutional treatment and for whom no vacancy can be found is not large, but, in my view, even the few matter. It is my experience that parents who have the misfortune to have a mentally defective child often give the child more loving care and attention than a normal child and it is rare to find parental neglect among mentally deficient children. Housing and family difficulties, however, combined with behaviour disorders in the mentally defective often make home conditions in such families intolerable and it is then that admission of the mentally defective to an institution is imperative but the sad truth is that in the Sheffield region only rarely can an institutional vacancy be found. I am aware of the immense difficulties of the Regional Hospital Board in finding accommodation and staff, but I am equally aware of the often intolerable hardship to which these families are subject. The problem of institutional accommodation for mentally defectives in this region must be solved, I wish I could foresee its solution in the near future, but I am afraid I cannot.

It must be admitted that the facilities available in the division for the training of mentally defective persons who do not need institutional care, and particularly children, are inadequate. Home training was continued last year and training in small groups at a convenient centre open for one day per week was started but the need for an occupation centre where the mentally defective child and adolescent can attend daily still remains. As I write this report it is hoped that some arrangements with the Barnsley County Borough will soon be reached whereby children in the division can attend the County Borough occupation centre for training, but it is yet to be seen whether this arrangement, if reached, will prove adequate.

General Hospitals.

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below :

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

Infectious Diseases Hospitals.

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

Maternity Hospitals.

Maternity cases were usually admitted to the following hospitals:

The St. Helen Hospital, Barnsley.
Montagu Hospital, Mexborough
Hallamshire Maternity Home, Chapeltown.
Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

Tuberculosis Scheme.

The close link between the Chest Centre and the Health Department was maintained through the year. The Tuberculosis Visitor, through her work at the Chest Centre, learned of the clinical problems of the patient and by her visits to the home was able to relate them with the problems of prevention peculiar to the family. The checking of contacts and search for the source of infection went on while the patient received treatment, and advice was given to the family on the measures to be taken to prevent the spread of infection. In this way the disease and the patient were considered together and most importantly an even balance was struck between cure and prevention to the detriment of neither.

After care arrangements included extra nourishment, where recommended by the Chest Physician, in the form of a free milk allowance, and open-air shelters, with the loan of the necessary bed and bedding, were provided for suitable cases. Comment on the progress of the B.C.G. vaccination scheme and mass radiography will be made in a later section of the report.

I am glad to acknowledge once again the valuable help given me by the Council in granting housing priority to tuberculous patients where re-housing was indicated as a measure of prevention.

The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below.

| | | | |
|-------------|-------------|---|--------------|
| Wednesday : | 10. 0. a.m. | - | 12. 0. noon. |
| Wednesday : | 2. 0. p.m. | - | 4. 0. p.m. |
| Thursday : | 10. 0. a.m. | - | 12. 0. noon. |
| Thursday : | 2. 0. p.m. | - | 4. 0. p.m. |
| Friday : | 10. 0. a.m. | - | 12. 0. noon. |

Venereal Diseases.

The nearest centre for Dodworth patients for the diagnosis and treatment of these diseases is in Barnsley.

Address: Special Treatment Centre, Queen's Road,
Barnsley.

Other centres are situate at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

Ambulance Service.

Once again an excellent ambulance service was given the public despite the heavy demands made upon it. The present service bears little resemblance to its predecessor which began the County Ambulance Service in 1948, and indeed the old service could not have coped with present demands which are so incomparably greater than those of the past. To achieve the present standards much expansion and internal re-organisation has obviously been necessary but, while there may be a continued need for re-organisation to meet the increased usage, expansion of a free service must always be within certain economic limits. If these limits are to be kept the efficiency of the service must depend not only on efficient management but equally on its careful usage by the public.

Last year, as in 1950, it was the hospital out-patient department traffic which caused the ambulance service the greatest burden, a burden which, as in 1950, could have been lighter if perhaps the public had shown a little more thought and consideration. The County Ambulance Officer has asked me to draw the attention of the public to one way the out-patient traffic could be lightened and which would materially help the service without causing hardship to patients. If the ambulance returns for outpatient traffic are examined one is immediately struck by the large proportion of relatives who accompany patients to hospital as escorts. Undoubtedly, in many cases an escort is necessary and probably in all cases it is more pleasant for the patient to have some relative with him during perhaps a long wait at the hospital. But often the long wait there is caused by a long wait for a return ambulance and so a vicious circle is created which can only be broken by either an expensive expansion of the service or by cutting down of the demand. The fewer the number of escorts, the greater the number of patients who can be carried and the speedier the return ambulance journey; it is just as simple as that.

The County Ambulance Officer is keen to help those patients who genuinely require a relative as escort but he asks patients and relatives to try to see his side of the problem. It would be unfair to leave the decision of escort or not to the ambulance driver and so it is up to the public, if they value what is after all their own service, to be careful of the use they make of it.

Home Nursing.

Though there is a Home Nurse resident in your district your home nursing service is completely integrated with that of the divisional area and because of this a complete 24 hours' cover for 7 days per week can always be provided, the nurses from other areas coming into 'Dodworth for relief duties. Last year even greater use of the service was made than in the previous year, a fact which reflects the ever increasing importance of home nursing and the value such a service can be to the community. It is now possible to give the community a comprehensive home nursing service instead of the somewhat skeleton service which alone was possible in the past. There is a limit, however, to the case-load each individual nurse can carry and future expansion will depend on either making the nursing personnel more fully mobile by the provision of transport or increasing the nursing staff.

The expansion of the nursing service has had at least two very important effects which are worthy of note, the effect on hospital admissions and discharges and the effect on the work of the family doctor. Because of its ability to give adequate nursing care to patients in their own homes it has undoubtedly relieved the hospital waiting lists, particularly with regard to the chronic sick, and equally important it has in many instances shortened the in-patient period in hospital by providing in the home efficient nursing care during convalescence from acute medical and surgical illnesses. This effect has certainly been felt and welcomed by the hospital staffs. With the discovery of new drugs, particularly the antibiotics, many patients who formerly would have required hospital treatment are now being treated at home by the family doctor. Most of these drugs however must be given by injection and these injections cannot, with safety, be left to the patient or relative. The home nurses are more and more undertaking this work under the supervision of the family doctor and saving him a great deal of time, a commodity which is always precious to a busy person.

The limits of expansion of the home nursing service have by no means yet been reached. The cry must not always be for bigger and better hospitals, we must prevent what illnesses we can but when illness does occur the possibility of treatment in the home, with the added comfort to the patient of being nursed in familiar surroundings, should be our first consideration. No one in these days decries the necessity for hospitals but let us beware of cultivating so strong a hospital complex that we lose sight of the value of home nursing.

Home Help Scheme.

The establishment of home helps for the division throughout the whole of last year was 13 whole-time workers or their equivalent in part-time workers. Once again the greatest need for assistance from the scheme was found among the aged group of the population and nearly three quarters of the total assistance permitted was given to these people. It was more than doubtful whether the optimum amount of assistance was given to each individual household but it was felt that it was better to give some help to the maximum number rather

than give the maximum help to the few.

The home help scheme is not designed to be of assistance to those who can afford to pay for domestic help, indeed if it were what is essentially a welfare service would quickly become a mere domestic agency. The scheme is designed rather to help those who cannot afford domestic assistance during illness or who cannot afford the full cost of such assistance. But the very strength of the scheme exposes its weaknesses and it is the weaknesses which hinder its efficient administration. There are a few people, usually the thriftless, who still regard the scheme as a right granted them by the National Health Service Act and something which is free to them in an emergency. It is neither a right nor is it automatically free, indeed if it were, the value of the service to the community would be immeasurably lessened. It is inevitably among the aged that one finds the greatest need and it is upon such households that the scheme confers the greatest benefit yet even here there is unfortunately to be found a debit account. Undeniably in many instances the provision of a home help to an aged person or an aged couple tends to lessen the sense of responsibility of the family to the parents and so often the help which is given by the home help scheme only compensates for that which should be given by the family and is not. The more I come in contact with the aged and infirm the more I feel that their care cannot be left entirely to the state but must be supplemented with the more human expression of sympathy and help from relatives and good neighbours. The Home Help service is a good service and a much needed one but never let it be thought that it lessens in any way individual and family responsibility or that it can prosper without voluntary help.

Laboratory Service.

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

Maternity and Child Welfare Services.

The Maternity and Child Welfare services are the responsibility of the County Council as the Local Health Authority. Child Welfare Clinics are held weekly at the Mechanics' Institute, Dodworth, on Tuesdays from 2. 0. p.m. to 4. 0. p.m. During the year 48 sessions were held at which there was an attendance of 2,908 children, an average of 60.5 per session. 107 children were seen for the first time of whom 103 were under the age of one year. 832 children were examined by the doctor during the year, an average of 17.4 per session.

The attendances at the welfare clinics last year were a considerable improvement on those for the previous year. The importance of welfare clinics cannot be judged solely on the number of attendances but the value of child welfare work and health education is enhanced when mothers make regular attendances with their babies at the clinic. In my last annual report I made comment upon the unsatisfactory state of infant

vaccination in the district and though the percentage of infants vaccinated still remains far too low there was at least some improvement in the position last year. To some extent this improvement in the infant vaccination state is a direct result of the improved clinic attendances for it is far easier to convince a mother at the clinic than in her home of the value and importance of vaccination. She sees at the clinic babies who have been successfully vaccinated without suffering constitutional upset and thus her very natural fear of possible ill effects to her child from vaccination is abated. I hope the number of mothers attending the Welfare clinics will always be high for when a clinic is popular it does its best work.

The ante-natal clinics which were held fortnightly further declined in popularity and at the beginning of 1952 were finally abandoned. Last year 24 sessions were held when 14 expectant mothers made 50 attendances, an average attendance of 2 per session.

The decline in favour of Local Health Authority's ante-natal clinics culminating in their final abandonment was not unexpected and was perhaps the logical outcome of the introduction of the General/Practitioner Obstetrician Scheme. In the peculiar circumstances of your district it might be said that the ante-natal clinic still flourishes but under new management for the change is more one of administration than medical procedure. The same team of doctors, midwife and health visitor remains and its members still work together as a team so the change has brought no loss in ante-natal care which after all is the only thing that really matters. The presence of the health visitor in the team links ante-natal care and infant welfare to each other and ensures that the mothers accept and regard the one as the natural continuation of the other with no artificial division in between.

There must always be progress in ante-natal care for the welfare of the expectant mother is of paramount importance to the nation. The loss to the Local Health Authority of the ante-natal clinic will make no difference to its attitude towards ante-natal care and the same interest will be shown and the same co-operation given to the clinic as was shown and given in the past to the old.

SANITARY CIRCUMSTANCES OF THE AREA.

Housing.

Only two new houses were built last year, both by private enterprise. A bare statement like this makes dismal reading indeed, but fortunately as I write this report I have the comforting knowledge that many new Council houses are completed or nearing completion in the South Road extension scheme. Even after the completion of this scheme there will still exist in Dodworth many tenanted houses whose living conditions are far below the accepted standards of these days and I sincerely hope that new buildings will continue without interruption until the time comes when the old sub-standard houses can be demolished.

Water Supplies.

The water supply for the district, which is chlorinated, is obtained from the Barnsley Corporation. The water, which was analysed at regular intervals, was satisfactory both in quality and quantity. All houses in the district received the piped supply except one which is supplied from a satisfactory well.

INFECTIOUS DISEASES.

During the year only 14 cases of infectious diseases were notified as compared with 98 cases in the previous year. The remarkably low incidence makes comment on infectious diseases almost unnecessary but there are one or two points I would like to raise on the individual diseases.

Notifiable Diseases (Other than Tuberculosis) during 1951.

| | Total Cases Notified | Admitted to Hospital. | Deaths. |
|---------------------------|----------------------------|-----------------------------|----------|
| Measles | 1 | - | - |
| Whooping Cough | 1 | - | - |
| Scarlet Fever | 1 | - | - |
| Pneumonia | 1 | 1 | 1 |
| Paratyphoid Fevers | 2 | 2 | - |
| Erysipelas | 1 | - | - |
| Acute Poliomyelitis: | | | |
| (a) Paralytic | 2 | 2 | - |
| (b) Non-Paralytic | - | - | - |
| Total | <u>9</u> | <u>5</u> | <u>1</u> |

Whooping Cough.

While only one case was notified last year whooping cough is a disease which might well return and which is a most troublesome illness at any age and even a dangerous one among infants and toddlers. In my last annual report I stated the position of whooping cough immunisation as it was then and from a technical point of view there is little to add to that statement. The present vaccines are not as yet as effective as are the prophylactics against diphtheria. They will give complete protection in probably the majority of cases and will confer sufficient immunity to modify the course of the illness in a large proportion of the remainder. They are, therefore, potent vaccines even if they have not the superlative potency of the diphtheria prophylactics. In the spring of 1952 whooping cough immunisation was made available at the infant welfare centres and I expect a large number of patients will accept the facilities offered. The results will be watched most carefully but 2 - 3 years must lapse before a reliable evaluation of the experiment can be made.

Diphtheria.

Diphtheria, I hope, has been banished from the district, for 1951 was our seventh successive year of freedom from the disease. The real question at issue is whether diphtheria can ever return and for the answer to this we must look at the immunisation statistics. By the end of last year it was estimated that 73.4% of all children between the ages of 0 and 14 years were immunised with 42.0% of children under the age of 5 years and 92.2% of children over the age of 5 years protected. Compared with the statistics for 1950 the percentage in the younger age group is a little smaller and the percentage in the older age group a little larger.

Frankly the immunisation state of the pre-school child is not good enough and diphtheria can return to afflict this age-group while the percentage of children protected remains below 75%. This is not to say it will but why run the risk? The facilities for immunisation both at welfare clinics and the family doctor's surgery are ample and well publicised, the final decision whether to make use of them or not rests with the parents and it is they who have the final responsibility.

Food Poisoning.

Last year two young adults living in the district were found to be carriers of the paratyphoid fever germ. This brief statement may seem to have little importance in itself for there must be thousands of germ carriers in all walks of life but its importance must become apparent when there is added to it that both persons were employed by a firm of bakers in the neighbouring County Borough. In recent years the incidence of food poisoning has risen steeply and the subject has become one of the major problems of public health. Health departments have always paid a good deal of attention to food hygiene and the trade has largely responded and co-operated with the health department, but it is true to say that no clean food campaign will succeed until the general public appreciate it as an essential health measure and fix within their own homes as high a standard of food hygiene as they should expect and demand in shops, restaurants and canteens. Food hygiene is largely a matter of personal hygiene, thoughtful rather than thoughtless behaviour in personal habits and cleanliness. Clean food demands clean habits, a demand which is surely not unreasonable in these days.

Tuberculosis.

Five new cases of Pulmonary Tuberculosis were notified last year and one death from Pulmonary Tuberculosis occurred. There were no new notifications of or deaths from Non-Pulmonary Tuberculosis.

In the past few years very great advances indeed have been made in the treatment of all forms of Tuberculosis with the discovery of new drugs and improved technique greatly decreasing operative risk where surgical treatment proves necessary. The outlook for the tuberculosis patient is certainly very much brighter than it was, both with regard to the full restoration to health and complete rehabilitation within the working community. Nevertheless, early diagnosis is still of prime importance in treatment and the corner stone in prevention. The speed at which it is possible to convert an infectious patient into a non-infectious patient helps materially in the prevention of spread but the speedy detection of the infectious case is just as important to the community. I am glad to be able to report that last year a large number of Dodworth residents visited the Mass Radiography Unit while it was in Barnsley and I hope even more will take advantage of this important health check when the units come again to Barnsley in the summer of 1952. In addition all school leavers together with the teachers and the school meals service staff were given last year the opportunity of a chest X-ray during the three-weeks' stay of the Mass Radiography Unit in Wombwell and the response was truly magnificent. I hope to be able to arrange for a similar examination for all school leavers towards the end of 1952. The initial effect of the annual use of Mass Radiography will be to increase the annual number of notifications of Pulmonary Tuberculosis by revealing the unsuspected cases but eventually, by the eradication of the hidden sources of infection, fewer and fewer cases will come to light and the disease will begin to wane.

A great deal of progress also was made during the year in the protection of susceptible children who were intimate contacts of open cases of Pulmonary Tuberculosis with B.C.G. vaccine. The initial difficulties of the scheme were largely overcome and the importance of the measure more and more understood and accepted by parents. As a result the number of successful vaccinations increased and another real public health measure is beginning to show the signs of a successful launching.

TUBERCULOSIS - new Cases and Mortality in 1951.

| Age Periods | New Cases | | | | Deaths | | | |
|---------------|-----------|---|---------------|---|-----------|---|---------------|---|
| | Pulmonary | | Non-Pulmonary | | Pulmonary | | Non-Pulmonary | |
| | M | F | M | F | M | F | M | F |
| 0 - 1 years | 7 | - | - | - | - | - | - | - |
| 1 - 5 years | 7 | - | - | - | - | - | - | - |
| 5 - 10 years | 1 | - | - | - | - | - | - | - |
| 10 - 15 years | 1 | - | - | - | - | - | - | - |
| 15 - 20 years | - | - | - | - | - | - | - | - |
| 20 - 25 years | 1 | 1 | - | - | - | - | - | - |
| 25 - 35 years | - | - | - | - | - | 1 | - | - |
| 35 - 45 years | - | - | - | - | - | - | - | - |
| 45 - 55 years | 1 | - | - | - | - | - | - | - |
| 55 - 65 years | - | - | - | - | - | - | - | - |
| over 65 years | - | - | - | - | - | - | - | - |
| Totals | 4 | 1 | - | - | - | 1 | - | - |

TUBERCULOSIS - New Cases and Mortality for the past 10 years.

| Year | | | New Cases | | Deaths | |
|------|-----|-----|-----------|---------------|-----------|---------------|
| | | | Pulmonary | Non-Pulmonary | Pulmonary | Non-Pulmonary |
| 1942 | ... | ... | - | 2 | - | - |
| 1943 | ... | ... | 2 | 2 | - | - |
| 1944 | ... | ... | 2 | - | - | - |
| 1945 | ... | ... | 1 | - | - | - |
| 1946 | ... | ... | 1 | 2 | 1 | - |
| 1947 | ... | ... | 1 | 2 | 1 | - |
| 1948 | ... | ... | - | - | - | - |
| 1949 | ... | ... | 9 | 2 | - | - |
| 1950 | ... | ... | 3 | - | - | - |
| 1951 | ... | ... | 5 | - | - | 1 |

TUBERCULOSIS - Record of Cases during 1951.

| | | | | | | Pulmonary | | Non-Pulmonary | |
|--|--|--|--|--|--|-----------|----|---------------|---|
| | | | | | | M | F | M | F |
| No. of cases on register at 1st January 1951... | | | | | | 8 | 10 | - | 3 |
| No. of cases notified for first time during year | | | | | | 4 | 1 | - | - |
| No. of cases restored to register | | | | | | - | - | - | - |
| No. of cases added to register otherwise than by notification | | | | | | - | - | - | - |
| No. removed to other districts | | | | | | - | 1 | - | - |
| No. cured or otherwise removed from register | | | | | | - | 1 | - | 1 |
| No. died from disease | | | | | | - | 1 | - | - |
| Total at end of 1951 | | | | | | 12 | 8 | - | 2 |

Annual Report of the Sanitary Inspector
for the year 1951

To the Chairman and Members of the
Dodworth Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the work of the Sanitary Department for the year 1951.

It will be realized, of course, that I have devoted part of my time to assisting the Surveyor, and that for the latter half of the year regular clerical assistance was withdrawn from me. I must emphasise that this state of affairs makes it very difficult for the Sanitary Inspector to attain the standard of sanitary administration to which the district is entitled. Even so, the district has been well inspected and it can be said that property owners, food handlers and the public generally have been given cause to realise that a Sanitary Inspector does exist in the district and that he is there for the common good. There have been occasions when I have found it necessary to displease certain individuals, but in every case the community as a whole has benefited by my actions.

Housing.

The year has seen no increase in the number of Council houses and only two new private houses have been erected.

This means that the older property still marches, or rather staggers on. I have endeavoured as usual to pursue a reasonable policy in the matter of housing repairs, but unfortunately because of the reasonable attitude some repairs have been carried out only after waiting a period of months and then only when threats of further action have been made by the Council.

Housing Statistics.

I. Inspection of dwellinghouses during the year.

| | | |
|--------|---|-----|
| (1)(a) | Total number of houses inspected for housing defects (under Public Health or Housing Acts) | 173 |
| (b) | Number of inspections made for the purpose | 287 |
| (2)(a) | Number of dwellinghouses (included in sub-head (1) above which were inspected and recorded under the Housing Consolidated Regulations | - |
| (b) | Number of inspections made for the purpose | - |
| (3) | Number of dwellinghouses needing further action :- | |
| (a) | Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation | 4 |
| (b) | Number (excluding those in sub-head (3)(a) above) found not to be in all respects reasonably fit for human habitation | 105 |

II. Remedy of defects during the year without service of formal notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers.

105

III. Action under Statutory Powers during the year.

A. Proceedings under Sections 9, 10 and 16, Housing Act 1936

Nil.

B. Proceedings under Public Health Acts

(1) Number of dwellinghouses in respect of which Statutory Notices were served requiring defects to be remedied

8

(2) Number of dwellinghouses in which defects were remedied after service of formal notice :-

(a) By owners

8

(b) By Local Authority in default of owners

-

(c) Proceedings under Sections 11, 12 and 13, Housing Act, 1936.

Nil.

IV. New Houses.

Number of new houses provided during the year :-

By the Local Authority - permanent
- temporary

Nil.

Nil.

By Private enterprise

2

Public Cleansing.

Collection of house refuse is carried out entirely by direct labour, and the cost of the service for the year was £1,295.

The service given during the year has been good and there have been no hold-ups because of mechanical defects.

There is still too much garden refuse and coal shale finding its way into dustbins. People must realise that indiscriminate dumping of such material in the dustbins increases the strain on the service, and in the long run adds to the cost of the service.

There were no nuisances on the refuse tip during the year.

Verminous Premises.

There was a very poor response to the Council's offer to carry out free treatments at verminous premises, only 4 cases of bed-bug infestations were treated by request.

Disease.

There were a number of para-typhoid contacts in the district, having been in contact with a Barnsley case. All necessary urine and faeces samples were collected by the Sanitary Inspector under the direction of the Medical Officer of Health.

Rodent Control.

Only a limited amount of work was carried out in this field due to shortage of staff. However, sufficient work was done to qualify for the 50% financial grant from the Ministry of Agriculture and Fisheries.

Salvage.

The returns from salvage of metal and paper were almost equal to a 10d. rate.

Milk.

There are 13 retailers of milk in the district and all raw milk was sampled and subjected to biological test.

Restrictive notices were served on 2 producers who changed to sale of pasteurised milk until the herds were cleared.

Meat Inspection.

All Butchers meat consumed in the district is slaughtered at or passed through the Barnsley Abattoir. This system appears to be satisfactory from a Public Health viewpoint.

Colliery Spoilbank.

The Old Silkstone Colliery spoilbank has been greatly improved by the use of a bulldozer. It is hoped the National Coal Board will continue this method of control with regularity.

Tents, Vans and Sheds.

There have been 3 moveable dwellings in the district during the year and no nuisances have been created.

Closet Accommodations.

The present position is as follows :-

| | |
|----------------------------|-------|
| No. of water closets | 1,136 |
| No. of waste water closets | 19 |
| No. of covered middens | 22 |
| No. of Pail Closets | 3. |

Factories Act.

Inspections for purpose of provisions as to health :-

| Premises. | Number of Register | Inspections | Number of Written Notices | Occupiers Prosecuted |
|--|-----------------------|-------------|---------------------------------|-------------------------|
| 1. Factories under which sections 1, 2, 3, 4 and 6 are to be enforced by local authorities | - | - | - | - |
| 2. Factories not included in 1, in which Section 7 is enforced by local authorities | 3 | 18 | - | - |
| 3. Other premises in which Section 7 is enforced by the local authority (excluding outworkers premises) | 1 | 4 | 1 | - |
| | 4 | 22 | 1 | - |

I am, Gentlemen,

Your obedient Servant,

P. B. HAWLEY

Sanitary Inspector.



